

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

MARCUS WRIGHT

Write the full name of each plaintiff.

No. \_\_\_\_\_

(To be filled out by Clerk's Office)

-against-

**COMPLAINT**

(Prisoner)

Do you want a jury trial?

☐ Yes ☐ No

Bronx Criminal Court,  
Department of corrections/  
warden/ Bronx legal Aid  
Society/ Bronx Ryer Ave Precinct

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

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**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

**I. LEGAL BASIS FOR CLAIM**

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: \_\_\_\_\_

**II. PLAINTIFF INFORMATION**

Each plaintiff must provide the following information. Attach additional pages if necessary.

MARCUS

First Name

Cellone

Middle Initial

WRIGHT

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

2412400892, 12R2516, 00134758K

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Rose M Singer Center

Current Place of Detention

19-19 Azen St

Institutional Address

Queens

County, City

NY

State

11370

Zip Code

**III. PRISONER STATUS**

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: \_\_\_\_\_

**IV. DEFENDANT INFORMATION**

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

Susan Lawrie GANS   
 First Name Last Name Shield #  
Legal Aid lawyer  
 Current Job Title (or other identifying information)

Current Work Address

Bronx NY 10459  
 County, City State Zip Code

Defendant 2:

Michael Fineman   
 First Name Last Name Shield #  
ATB Attorney  
 Current Job Title (or other identifying information)

Current Work Address

New York NY   
 County, City State Zip Code

Defendant 3:

First Name Last Name Shield #  
  
 Current Job Title (or other identifying information)

Current Work Address

County, City State Zip Code

Defendant 4:

First Name Last Name Shield #  
  
 Current Job Title (or other identifying information)

Current Work Address

County, City State Zip Code

**V. STATEMENT OF CLAIM**

Place(s) of occurrence: Rye Ave precinct, RMSC, Bx Criminal Court

Date(s) of occurrence: 4/19/24 - 8/6/24

**FACTS:**

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

I was arrested unlawfully at a laundromat near my place of residence @ 170 St in the Bronx by Rye Ave precinct police officers for a false statement where it claimed I was stealing laundry on 4/19/24. My case in the Bx was dismissed 8/6/24 + my lawyer Susan Laurie Gains) never got me my property receipt from the Rye Ave precinct with the ~~of~~ arresting officer(s) name or information with my properties location. Since being held at Rikers Island no social services/discharge planning or my current lawyer has not retrieved my Bx Bronx dismissal case docket # on alleged petit larceny which was dismissed. Nor was able to locate the case on webcrims nor has my current lawyer Michael Fireman helped me retrieve this information.

**INJURIES:**

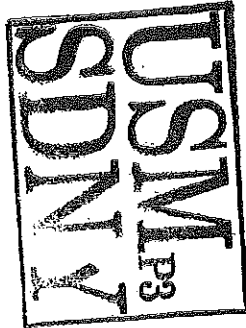
If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

**VI. RELIEF**

State briefly what money damages or other relief you want the court to order.

\$ 100,000

Macewan, Mary Ann  
14-14 Hazen St (Rosen Singer Center)  
Elmhurst NY 11370



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FCM LETTER  
ASTORIA, NY 11103  
OCT 08, 2024

Pro Se Office

500 Pearl Street  
New York, NY 10007